## LEADVILLE POLICE DEPARTMENT



Signature

800 Harrison Avenue Leadville, CO 80461 (719) 486-1365 (719) 486-1040 FAX lpdadmin@leadville-co.gov

## **Open Records Request for Criminal Justice Records**

Rules governing the release of criminal justice records are subject to the Colorado Open Records Act laws CRS 24-72-301 Adult Criminal Justice Records and CRS 19-1-301 Children's Code Records and Information Act; and policies of the Leadville Police Department.

Your Name:	
Organization: (If	ny)
Your Address:	
Your Phone Number:	
Your E-Mail Address:	
<ul> <li>information listed</li> <li>Cost:         <ul> <li>a. Research,</li> <li>b. Report percent of the control of the co</li></ul></li></ul>	edaction: \$30/Hour page: \$0.25 isual): \$5.00 viduals who <u>do not</u> have to pay:  1. Victim of a crime  2. Military Recruiters  3. Law Enforcement and other Criminal Justice agencies  4. Victims of an accident een forwarded to the District Attorney's Office (DA's Office) for the prosecution; please contact the Lake County District Attorney's Office
Case #:	
Name(s) Involved:	
Date(s):	
Location/Address:	
Responding Officer:	
	Please read and acknowledge by your signature below:
I have reviewed or will rec	ve and review copies of the record(s) described above. By my signature be

**Date**